



BOROUGH OF OSSETT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1969





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BOROUGH OF OSSETT

ANNUAL REPORT

OF THE

PUBLIC HEALTH INSPECTOR

MENTAL WELFARE OFFICERS

H.H. Robinson R.M.P.A., R.M.N., M.S.M.W.O.
R.D. Stephens, R.M.N.
J.R. Marshall, R.N.M.S.

JUNIOR TRAINING CENTRE - CSSETT

Miss S.M. Thistlethwaite, N.A.M.H. Diploma - Supervisor
Mrs. M.E. Norman
Mrs. I. Ellis

SENIOR TRAINING CENTRE - WEST ARDSLEY

Miss I. Beaumont, N.A.M.H., Diploma - Supervisor
Mrs. S. Arey, N.A.M.H. Diploma (Appointed 5.7.69)
Miss S.A. Bourne, N.A.M.H. Diploma (Resigned 31.8.69)
Mrs. P.M. Earnshaw, N.A.M.H. Diploma (Resigned 1.11.69)
Mrs. J. Hellam, N.A.M.H. Diploma (Appointed 29.9.69)
Mrs. K.M. Poyner, S.E.N.
Mrs. E. Wright
Mrs. S.M. Brooke
B.K. Brook, N.A.M.H. Diploma (Resigned 31.12.69)
A.W. Read (Appointed 1.1.69)
M. Grange

HEALEY CROFT RESIDENTIAL HOSTEL, WEST ARDSLEY

R. Tyson, S.R.N., R.M.N. - Warden
Mrs. M. Tyson, R.M.N.
Mrs. L. Jarman (Resigned 27.9.69)
R.B. Williamson (Appointed 7.5.69)
Mrs. J. Williamson, S.E.N. (Appointed 1.11.69)

LEE GRANGE RESIDENTIAL HOSTEL, WEST ARDSLEY

D.H. Noble, R.M.N., R.G.N. - Warden
Miss B. Ingham (Resigned 11.3.69)
M. Greenwood (Appointed 30.6.69)

GENERAL SOCIAL WORKER

Mrs. S. Halstead, C.S.W.

HOME NURSES

Miss M. Grace, S.R.N. S.C.M., Q.N.
Mrs. L. Attack, S.R.N., Q.N.
Mrs. M.E. Scott, S.R.N., S.C.M., Q.N. (Relief Nurse)

MIDWIVES

Mrs. L.M.J. Blezzard, S.R.N. S.C.M.
Miss A. Tolson, S.R.N., S.C.M., Q.N.

CHIROPODIST

R. Dixon-Newell, M.Ch.S., S.R.Ch. (Part-time)

CHILD GUIDANCE SERVICES

Dr. K.N. Maxwell, M.B., Ch.B
J.B. Mannix, M.Ed. Psychologist
Mrs. A.B. Castle, B.A. Psychologist

SPEECH THERAPIST

Mrs. J.R. Shields, L.C.S.T.

DIVISIONAL ADMINISTRATIVE OFFICER

A. Wright, D.M.A., D.P.A.

CLERICAL STAFF

D. Leach (Senior Clerk)
Mrs. J. Anderson
Mrs. P. Baldwin
Miss M.D. Cowling (Resigned 1.10.69)
Mrs. G. Burton *
Mrs. L. Crofton *
Mrs. G.N. Dable * (Resigned 28.11.69)
Mrs. A. Doidge
Miss M. Dunnett
Miss K. Edmondson
Mrs. H. Ferrari (Appointed 24.9.69)
Mrs. K. Graham
Mrs. M. Hill * (Appointed 14.7.69)
Mrs. V. Lancaster * (Appointed 22.9.69)
Mrs. K. Marlow
Mrs. A. Renshaw
Miss J. Senior
P.M. Sheard
Mrs. E.H. Thornber * (Resigned 1.8.69)
Mrs. M. Wilford * (Appointed 24.11.69)

* Part-time

LEEDS REGIONAL HOSPITAL BOARD

Consultant Staff

EAR, NOSE AND THROAT SURGEON

T.B. Hutton, F.R.C.S.

CHEST PHYSICIAN

J.K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

SCHOOL OPHTHALMOLOGIST

K.K. Prasher, M.B., B.S., D.O.

PAEDIATRICIAN

C.S. Livingstone, M.B., B.S., M.R.C.P., D.C.H.

ORTHOPAEDIC SURGEON

Miss M.A. Pearson, F.R.C.S.

Divisional Health Office,
Windsor House,
Queen Street,
MORLEY

18th June, 1970

To: The Chairman and Members of the Ossett Health Committee.

Mr. Chairman, Gentlemen,

I have much pleasure in submitting my Annual Report for 1969.

From the vital statistics it will be seen that the birth rate has fallen, there being 346 live births in 1969 compared with 387 in the previous year. The death rate has risen and there were five more deaths, and eleven deaths occurred in the first year of life together with four stillbirths. Perinatal deaths include all stillbirths with those infant deaths occurring in the first week of life and in 1968 there were ten such deaths, four stillbirths and six infant deaths. All these perinatal deaths except one were delivered in hospital and the cause of death in the domiciliary birth was due to multiple congenital abnormalities. There were 22 illegitimate births, the same as in 1968.

Heart disease caused 57 deaths, 43 of which were due specifically to coronary artery acclusion. Cancer caused 32 deaths - eight being due to cancer of the lung, cerebral haemorrhage and cerebral thrombosis 28 deaths and bronchitis, emphysema and pneumonia caused 18 deaths. These diseases therefore are the "captains of death" as they were the cause of 135 out of the 175 deaths in Ossett in 1969.

Continuing with the aim of familiarising Members with the work of individual officers and services within the Health Department I have chosen this year the Mental Welfare Officer and I have outlined the nature of his work and duties under the title "What is a Mental Welfare Officer?".

Since the beginning of 1969 the emphasis in the Child Health Clinics has changed towards developmental assessments. During this period developmental examinations have been undertaken on all children attending clinic during their first year of life. The reason for this change is to try and discover as early as possible those children who require help and/or further investigation because of some major or minor mental or physical handicap, with the added long term view of planning the type of education which may be required in the future. It is the intention to extend this scheme towards the end of 1970 to include all children in the pre-school period, and as such will link with the pre-school medical examination referred to in the section on the School Health Service.

The number of cytology clinics held at Ossett at which cervical smears are undertaken fell during 1969 and only 112 women attended compared with 295 in each of the previous two years. The reason lay in the lack of applicants for this service and at the end of 1969 there were only nine women in Ossett and Horbury waiting for appointments. This is a reverse of the situation in other

parts of the Division as by the same date 166 women (excluding the Ossett and Horbury waiting list) were awaiting first appointments.

Some slow progress was made during 1969 in the establishment of a Family Planning Clinic in Ossett for the benefit of the Ossett and Horbury residents but at the time of writing this report plans were well ahead for the establishment of a clinic administered and staffed by the West Riding County Council, thus differing from the clinics in Wakefield, Dewsbury and Morley which are run by the Family Planning Association. It is anticipated that the Ossett clinic will become operational in the autumn of 1970.

It is now estimated that, nationally, cigarette smoking in 1969 caused at least one-seventh of all deaths in this country to occur before they needed to and was responsible for about one-fifth of sickness absence from work. As Sir George Godber, Chief Medical Officer to the Department of Health and Social Security, remarked to the 1970 Congress of the Royal Society of Medicine "This curse has been placed so firmly upon us as a cause of premature death that it operates - we now know that cigarette smoking has a direct effect not only with lung cancer but also with chronic bronchitis and emphysema." I think it would be generally accepted that there are few people who could tolerate working in conditions similar to those which the cigarette imposes on the inner lining of the lung every time they smoke a cigarette, without considering and indeed undertaking some form of industrial action. Because the threat from cigarette smoking seems remote the social habit is universal and three fifths of our men and an increasing proportion of our women still smoke a proven lethal object. It is a fantastic situation that we promote by our own voluntary actions by far the largest single avoidable cause of deaths and disability in Britain today, particularly as there is no other agent in our environment which approaches the cigarette in menace to life and health.

It will be seen from the tables in the Midwifery Section of this report that the percentage of domiciliary confinements in Ossett has fallen and in the past five years the percentages are as follows:- 1965 - 30.9%, 1966 - 33.5%, 1967 - 32.0%, 1968 - 30.4%, 1969 - 20%. However, at the same time the number of early discharges from hospital before the tenth day have risen quite considerably and for the whole of the Division the numbers are :- 1965 - 318; 1966 - 437; 1967 - 538; 1968 - 694; 1969 - 686. Further the emphasis during this period has been in earlier and earlier discharge such that though there is little difference between the figures for 1968 and 1969, in fact 329 mothers were discharged in 1969 at 48 hours as compared with 233 in 1968. It will be seen therefore that though the work of the midwife has been decreasing on the one-hand, on the other hand, the nursing of mothers and babies discharged early from maternity hospitals, it has been increasing.

I would like to take this opportunity of thanking you Mr. Chairman and Members of the Health Committee for your support during the year and also Mr. Mycock whose advice and help has been greatly appreciated.

GEOFFREY IRELAND
Medical Officer of Health

S T A T I S T I C S

Area (in acres)	3,332
Population - Census 1961	14,729
Registrar General's estimate of resident population mid 1969	17,070
Number of Dwelling Houses	6,156
Rateable Value (31.3.69)	£448,591
Product of 1d. rate (31.3.69)	£1,760

Summary of Vital Statistics

	Total	M	F	
<u>Live Births:</u>				
Legitimate	324	169	155	Birth rate per 1,000 of the estimated resident population 20.3
Illegitimate	22	7	15	
<u>Still Births:</u>				
Legitimate	4	2	2	Rate per 1,000 (live and still births) 11.4
Illegitimate	-	-	-	
<u>Total Births</u>				
Legitimate	328	171	157	
Illegitimate	22	7	15	
<u>Deaths</u>	173	95	78	Death rate per 1,000 of the estimated resident population 10.1

Maternal Mortality

There were no maternal deaths

Infant Mortality

Eleven infants under the age of twelve months died during 1969. The following table gives the causes of death of these infants:-

	No. of infants dying in				
	1st week	2nd week	3rd week	4th week	5-52 weeks
Prematurity	4	1	-	-	-
Bronchopneumonia	-	-	-	-	1
Meningococcal Septicaemia	-	-	-	-	1
Inhalation of Vomit	-	-	-	-	1
Intestinal Malabsorption	-	-	-	-	1
Cerebral Anoxia	1	-	-	-	-
Meningitis	1	-	-	-	-

Infant Mortality Rate

Total Infant deaths per 1,000 total live births	... ..	31.8
Legitimate infant deaths per 1,000 legitimate live births	...	33.9
Illegitimate infant deaths per 1,000 illegitimate live births		0.0

Neo-natal Mortality Rate

Deaths under four weeks per 1,000 total live births	20.2
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Early Neo-natal Mortality Rate

Deaths under 1 week per 1,000 total live births	17.2
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Perinatal Mortality Rate

Stillbirths and deaths under 1 week combined per 1,000 total live and still births	...	28.6
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CAUSES OF DEATH - OSSETT M.B.

Cause of Death	1968			1969		
	M	F	Total	M	F	Total
B.4 Enteritis & Other Diarrhoeal Diseases	-	1	1	-	-	-
B.5 Tuberculosis of Respiratory System	1	-	1	-	-	-
B.11 Meningococcal Infection	-	-	-	-	1	1
B.19.1 Malignant Neoplasm, Stomach	3	1	4	5	2	7
B.19.2 Malignant Neoplasms, Intestine	-	-	-	2	-	2
B.19.3 Malignant Neoplasm, Lung & Bronchus	4	3	7	7	1	8
B.19.4 Malignant Neoplasm, Breast	-	5	5	-	3	3
B.19.5 Malignant Neoplasm, Uterus	-	1	1	-	3	3
B.19.6 Malignant Neoplasm, Prostate	-	-	-	2	-	2
B.19.7 Leukaemia	-	-	-	1	1	2
B.19.8 Other Malignant Neoplasms	7	10	17	2	3	5
B.20 Benign and Unspecified Neoplasms	-	-	-	2	-	2
B.21 Diabetes Mellitus	-	-	-	1	-	1
B.22 Avitaminoses etc.	-	-	-	1	-	1
B.46.1 Other Endocrine etc. Diseases	-	1	1	1	-	1
B.24 Meningitis	1	-	1	-	1	1
B.46.4 Other Diseases of Nervous System etc.	-	1	1	1	1	2
B.26 Chronic Rheumatic Heart Disease	-	1	1	-	2	2
B.27 Hypertensive Disease	2	3	5	1	1	2
B.28 Ischaemic Heart Disease	22	19	41	29	14	43
B.29 Other forms of Heart Disease	1	4	5	6	4	10
B.30 Cerebrovascular Disease	14	14	28	11	17	28
B.46.5 Other Diseases of Circulatory System	1	3	4	2	4	6
B.31 Influenza	-	-	-	1	2	3
B.32 Pneumonia	3	8	11	6	4	10
B.33.1 Bronchitis & Emphysema	10	4	14	8	-	8
B.46.6 Other Diseases of Respiratory System	-	1	1	-	-	-
B.46.7 Other Diseases of Digestive System	-	-	-	-	1	1
B.34 Peptic Ulcer	1	1	2	-	-	-
B.38 Nephritis & Nephrosis	1	-	1	-	-	-
B.39 Hyperplasia of Prostate	3	-	3	1	-	1
B.46.8 Other Diseases, Genito Urinary System	-	1	1	2	-	2
B.46.10 Diseases of Musculo-Skeletal System	-	1	1	1	3	4
B.42 Congenital Anamolies	-	1	1	-	-	-
B.43 Birth Injury, Difficult Labour etc.	-	1	1	1	1	2

Causes of Death (cont'd)

		1968			1969		
		M	F	Total	M	F	Total
B.44	Other Diseases of Perinatal Mortality	-	-	-	-	4	4
B.E.47	Motor Vehicle Accidents	2	-	2	-	1	1
B.E.48	All other Accidents	3	2	5	-	2	2
B.E.49	Suicide and Self Inflicted Injuries	1	1	2	1	1	2
Total all causes		80	88	168	95	78	173

Analysis of Deaths in Age Groups

Under 1		1-4		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75 and over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
3	8	-	-	2	-	-	-	2	-	-	1	6	1	17	11	33	26	32	31

Year	Birth Rate	Perinatal Mortality Rate	Still Birth Rate	Death Rate	Fetust Mortality Rate
1960	18.4	18.2	17.3	11.5	11.5
1961	18.9	24.5	17.5	11.2	11.2
1962	25.1	15.1	12.1	11.7	12.2
1963	21.7	34.7	28.9	12.2	23.2
1964	20.4	39.8	24.5	11.1	21.1
1965	20.3	21.5	10.1	11.3	11.3
1966	21.3	22.3	14.3	10.1	10.1
1967	21.9	19.0	10.0	10.2	10.2
1968	22.8	12.8	10.2	9.9	10.2
1969	20.3	28.6	11.4	10.1	11.2

10 YEARS - 1960 - 1969

Maternal Mortality Rate	Tuberculosis Death Rate (all forms)	Cancer Death Rate	No. of Cases of Diphtheria	No. of Deaths	
				Tuberculosis (all forms)	Cancer of Lung and Bronchus
3.65	0.07	1.49	0	1	4
0.0	0.07	2.15	0	1	6
0.0	0.0	2.11	0	0	3
0.0	0.0	1.55	0	0	3
0.0	0.06	2.43	0	1	5
0.0	0.0	2.02	0	0	7
0.0	0.06	2.11	0	0	7
0.0	0.0	1.88	0	0	7
0.0	0.06	2.01	0	0	7
0.0	0.0	1.87	0	0	6

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1968

COMPARISON WITH

	Ossett M.B.	Morley M.B.	Harrogate I.D.
Birth Rate (per 1,000) estimated population	20.3	17.7	14.8
Death Rates (all per 1,000 estimated resident population) all causes	10.1	11.5	11.7
Tuberculosis of Respiratory System	0.0	0.0	0.0
Other forms of Tuberculosis	0.0	0.02	0.0
Cancer	1.87	1.90	1.57
Cerebrovascular Diseases	1.24	1.82	1.55
Circulatory Diseases	3.69	4.35	4.0
Respiratory Disease (exc. tuberculosis of respiratory system)	1.23	1.54	1.0
Infant Mortality (deaths of infants under 1 year per 1,000 live births)	31.8	20.0	30.2
Maternal Mortality (deaths of mothers due to pregnancy or childbirth per 1,000 live and still births)	0.0	0.0	0.0
Still Birth Rate (per 1,000 live and still births)	11.4	10.2	21.3
Perinatal Mortality Rate	28.6	21.6	43.3
Neonatal Mortality Rate	20.2	15.4	37.3

BASED ON THE REGISTRAR GENERAL'S FIGURES

OTHER AREAS

Wakefield R.D.	Aggregate West Riding Urban Districts	West Riding Administrative County	England and Wales (Provisional fig- ures)
17.2	16.8	16.9	16.3
9.0	12.3	11.6	11.9
0.04	0.03	0.03	0.02
0.08	0.01	0.01	0.02
1.77	2.22	2.10	2.35
1.39	1.83	1.70	*
3.51	4.67	4.39	*
1.06	1.81	1.69	*
7.4	19.3	18.9	18.1
0.0	0.19	0.20	0.19
16.9	13.8	13.5	13.2
21.8	24.5	23.7	23.4
4.9	12.6	12.3	12.0

* Figures not available

INFECTIOUS DISEASES

Annual Notifications 1965 - 1969

Disease	Year of Notification				
	1965	1966	1967	1968	1969
Infective Jaundice	*	*	*	2	2
Scarlet Fever	1	-	2	-	2
Whooping Cough	32	18	9	11	1
Acute Poliomyelitis	-	-	-	-	-
Measles	159	130	146	30	24
Diphtheria	-	-	-	-	-
Dysentery	2	1	2	-	-
Smallpox	-	-	-	-	-
Acute Encephalitis	-	-	-	-	-
Acute Meningitis	-	-	-	-	-
Typhoid Fever	-	-	-	-	-
Paratyphoid	-	-	-	-	-
Food Poisoning	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-
Pulmonary Tuberculosis	4	2	4	2	1
Other forms of Tuberculosis	-	1	-	-	-
Malaria	-	-	-	-	-
Leptospirosis	-	-	-	-	-
Anthrax	-	-	-	-	-
Tetanus	-	-	-	-	-

* Notifiable from 15.6.68

The bulk of notifications in recent years has been due to measles and the low number this year is due, undoubtedly, to the success of the measles vaccine. However such a position is unlikely to be repeated in 1970 as the shortage of vaccine in the latter part of 1969 led to the almost complete discontinuance of the vaccination programme and we can expect measles to return once again in epidemic proportions.

TUBERCULOSIS

Cases requiring examination are referred to the Chest Clinic at Dewsbury General Hospital or the Chest Clinic at Pinderfields Hospital, Wakefield and regular home supervision is carried out by the Health Visitor. Free milk is provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician of the clinic.

The following table gives the position regarding tuberculosis in Ossett in 1969:

	Respiratory			Non-Respiratory			Totals
	M	F	Total	M	F	Total	
No. on register on 1st January 1969	12	8	20	1	3	4	24
No. first notified during 1969	1	-	1	-	-	-	1
No. of cases restored to register	-	-	-	-	-	-	-
No. of cases entered in register otherwise than by notification	-	-	-	-	-	-	-
No. removed from register during 1969							
(A) Died	-	-	-	-	-	-	-
(B) Removed from District	-	-	-	-	-	-	-
(C) Recovered	-	-	-	-	-	-	-
No. remaining on register at 31st December, 1969	13	8	21	1	3	4	25

The number of new cases and the number of deaths notified during 1969 are given in detail in the following table :-

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0 - 4	-	-	-	-	-	-	-	-
5 -14	-	-	-	-	-	-	-	-
15-24	-	-	-	-	-	-	-	-
25-34	-	-	-	-	-	-	-	-
35-44	-	-	-	-	-	-	-	-
45-64	1	-	-	-	-	-	-	-
65 & over	-	-	-	-	-	-	-	-
Totals	1	-	-	-	-	-	-	-

Mass Radiography

The mobile unit of the Leeds Regional Hospital Board visited Ossett in 1963. A total of 1,764 persons were x-rayed and one case of active tuberculosis, one case of inactive tuberculosis and three non-tuberculosis abnormalities were discovered.

WEST RIDING COUNTY COUNCIL HEALTH SERVICES LOCAL ADMINISTRATION CLINICS

CLINIC	Croft House, Ossett
CHILD HEALTH CLINIC	Monday 2 - 4 p.m. Thursday 2 - 4 p.m.
MIDWIVES BOOKING CLINIC	Wednesday 9 - 12 noon
MOTHERCRAFT AND RELAXATION CLINIC	Wednesday 2 - 4 p.m.
SCHOOL CLINIC	Tuesday 10 - 12 noon By appointment
<u>SPECIALIST SCHOOL CLINIC</u>	
Ophthalmic Clinic	Second Monday in month By appointment
Dental Clinic	By appointment
Child Guidance Clinic	Thursday 9.30 - 12 noon By appointment
Speech Therapy Clinic	Friday 9.30 - 12 noon By Appointment Monday 1.30 - 4 p.m. By appointment
IMMUNISATION AND VACCINATION CLINICS	At Child Welfare Clinics
CERVICAL CYTOLOGY	Wednesday 1.30 - 4 p.m. By appointment
CHIROPODY	Thursday 9.30 - 12 noon By appointment

Child Health Clinic

Clinic	No. of Sessions	No. of children who attended and were born in		Total no. of attendances made by children in		Average attendance per session
		1969	1965-69	1969	1965-69	
Croft House Ossett	91	266	184	2,216	1,206	36

During 1969 Dr. Sarram began seeing his patients at a Thursday afternoon Child Health Clinic. This is still an open clinic but with the introduction of a scheme whereby the nursing staff are attached to specific general practitioners or groups of general practitioners, mothers are encouraged to attend on certain days when the health visitor attached to their family doctor is in attendance.

Mothercraft and Relaxation Clinic

Due to an acute shortage of midwives throughout the Division it was not possible to hold mothercraft and relaxation classes during 1969. The midwives hold a booking clinic on Wednesday afternoons between 3 and 4 p.m.

Cervical Cytology Clinic - Ossett

No. of Sessions held	No. of patients attending	No. of smears taken	No. of positive smears	No. of women referred to hospital
9	112	111	1	1

The one case with the positive smear was referred to her general practitioner to a specialist and this was followed by admission to hospital where a hysterectomy was performed.

Dental Treatment for Expectant and Nursing Mothers

Expectant and Nursing Mothers are referred from ante-natal or child welfare clinics to local health authority dental clinics or to a dentist practising under the National Health Service. Treatment, and this includes dentures, is free of charge provided it is completed one year after the birth of the baby. Mothers referred by local health authority staff and inspected for treatment were 30 in the Division, but of these only 18 completed treatment.

Provision of Welfare Foods

Welfare cod liver oil, orange juice, Vitamin A and D tablets and National Dried Milk are distributed at the Child Health Clinics and some proprietary brands of milk and other infant foods are also sold at the Child Welfare Clinics for the convenience of mothers.

HOME NURSING

The Home Nursing Service in Ossett is undertaken by two whole-time nurses attached to the practices of Drs. Sarram and Chowdhury and the Group Practice of Drs. Ramsey, Williams and Bryan. A relief nurse is available when required.

Type of Patient under Care of Home Nurse

Classification	No. of Individual Patients attended	Total Number of visits made
Medical	234	4815
Surgical	72	1777
Infectious Diseases	-	-
Tuberculosis	1	34
Maternity	15	184
Other conditions	1	4
Totals	315	7680

Day and Night Nursing Service

This service is an extension of the home nursing service, providing day or night nursing service for a temporary period, usually during the critical stages of an illness. It is designed to relieve relatives of the "breaking point" having cared for a patient at home for a long period. This service is very much appreciated by those relatives who are under severe strain. Persons employed are trained nurses, nurses with previous experience or "sitters-in". The full cost of this service is met by the Council. During the year three patients in Ossett remained in hospital and a total of 352 hours assistance was given, a sitter-in being employed on one occasion.

No. of cases and hours worked in Day and Night Nursing Service in the Division in 1964

Area	Cancer	Other Illness	Total Cases	Cancer	Other Illness	Total Hours
Ossett	7	2	3	56	257	302
Morley	4	8	12	122	618	810
Horbury	3	1	4	206	43	249
Wakefield	1	1	2	68	95	163
Totals	9	12	21	561	1013	1374

MIDWIFERY

Two whole-time midwives cover the Ossett area and additional help and relief is provided when necessary.

Hospital and Domiciliary Confinements in Ossett in 1969

Place of Delivery	No.	Percentage of Total
Delivered in Hospitals	279	80.0%
Delivered in Private Nursing Homes	-	0.0%
Delivered by Domiciliary Midwife	71	20.0%
Total (including stillbirths)	350	100.0%

During 1969 the practising midwives did not summon medical assistance to any mothers.

Early Discharges of Mothers from Hospitals in the Division
1968 - 1969

	1968	1969
Patients discharged at 48 hours	233	329
Patients discharged after 48 hours up to and including the 5th day	251	159
After the 5th but before the 10th day	210	198
Total patients discharged before 10th day	694	686
Total Divisional Institutional births	1446	1355
Total Divisional Domiciliary births	486	348

Provision of Maternity Outfits

These are provided free to mothers preparing for confinement in their own homes.

Analgesia

All midwives are trained in administration of trilene analgesia and are provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a Doctor.

Emergency Obstetric Unit

The "flying squad" attached to the General Hospital, Wakefield is available for obstetric emergencies within the District.

Care of Premature Babies

Special equipment is available for use in the home when necessary.

Survival of Premature Infants
(Hospital and Domiciliary)

Weight at Birth	No. of Premature Babies		No. dying within 28 days	No. surviving 28 days
	Born alive	Born Dead		
Under 2½lbs	6	1	6	-
2½ - 3lbs	2	1	-	-
3 - 3½lbs	1	1	-	1
3½ - 4lbs	2	-	-	2
4 - 4½lbs	1	-	-	1
4½ - 5lbs	2	-	-	2
5 - 5½lbs	7	-	-	7
Totals	19	3	6	13

HEALTH VISITING

There are three health Visitors working in Ossett. One is attached to the practices of Drs. Sarram and Chowdhury, and two to the practice of Drs. Ramsey, Williams, Bryan, Cokill and Allen. They are helped by a part-time assistant Health Visitor.

Summary of Health Visitors' Home Visits
in Ossett 1969

Children aged 0 - 5 years	869
Persons aged 65 years and over	373
Mental Health Visits	4
Visits to Hospital Discharges	74
Household Visits (T.B. and Infectious Diseases)	48
Other Visits	472

N.B. All figures are for first visits only.

Phenylketonuria

The "Phenistix" test on all new born babies has continued in the Division and during the year 1,665 babies were either tested in the clinics or in the home. All children tested proved negative and thus free from a disease, which, if not treated in the early weeks of life, can produce severe mental subnormality.

Congenital Dislocation of the Hip (Ortolani Test)

This test checks the hip abduction movement. A positive case indicates a congenital dislocation of the hip and must be referred promptly to an Orthopaedic

Consultant for confirmation of diagnosis and early treatment should this be indicated in order to avoid prolonged treatment or a permanent handicap in later life. In this Division seven babies were referred to Specialist during 1969 and four were confirmed as cases of congenital dislocation of the hip. Two were given further appointments for observation and one was proved negative. Of the four confirmed cases, three were resident in Morley and one in Ossett.

Maternity Liaison

No invitations were received to Maternity Liaison Committees during the year.

HOME HELPS

In accordance with the National Health Service Act, the County Council provides domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age".

Home Helps were provided in Ossett for the following reasons:-

	Cases	Hours
Maternity	1	24
Chronic Sick & Tuberculosis	208	20,317
Others	15	567
Total	224	20,908

224 cases were attended by Home Helps during 1969 compared with 219 in the previous year, and the total number of hours worked was 20,908.

CHIROPODY

Regular sessions are held at clinics in the area and domiciliary visits can be arranged where the patient is certified to be medically unfit to attend the clinic. Details of cases treated throughout the year are given below:-

Clinic	Sessions Held	No. of Patients Treated				Total Treatments Given			
		A	P.H.	E.M.	Total	A	P.H.	E.M.	Total
Croft House, Ossett	81	146	4	-	150	692	22	-	651
Domiciliary Treatment	-	64	12	-	76	339	57	-	396
Total	81	210	16	-	226	968	69	-	1047

A. : Aged; P.H. : Physically Handicapped; E.M. : Expectant Mother

NURSERIES AND CHILD MINDERS REGULATIONS ACT 1948

This regulation Act was amended by the Health Service and Public Health Act in 1968 but the amendment did not become operative in the West Riding until early in 1969. Under this Act the County Council is authorised to grant or refuse registration of both nurseries and Child Minders. Several enquiries for registration have been investigated and one Child Minder has been registered during the year in Ossett. Three playgroups commenced in Ossett in 1968 have now been officially registered under the Act and have received inspection by the Health Department.

CO-ORDINATING COMMITTEE ON PROBLEM FAMILIES

Many statutory and voluntary organisations are concerned with the rehabilitation of problem families. In order to bring together, for each of these families, the knowledge and activities of the organisations concerned, representatives meet quarterly in Horbury Town Hall under the chairmanship of the Medical Officer of Health. A total of fifty cases have been discussed at the meetings during 1969, ten of them from the Borough of Ossett.

WHAT IS A MENTAL WELFARE OFFICER ?

The Mental Health Act of 1959 placed the treatment of mental disorder as far as possible in the same position as the treatment of other forms of illness. Such treatment is provided as part of the National Health Service and patients can consult their family doctor and receive specialist advice as they would for any physical illness. If hospital admission is required this can be arranged without any formalities. However, where necessary and when in the interests of the patient as an individual or society as a whole, patients can be compulsorily admitted to and detained in hospital. The Mental Health Act recognises four main categories of mental disorder : 1) mental illness; 2) severe subnormality; 3) subnormality. ((2) and (3) can be grouped together as the difference is one of degree of the state of arrested or incomplete development of the mind); 4) psychopathic disorder. In the latter case there must be a persistent disorder or disability of the mind which results in abnormally aggressive or seriously irresponsible behaviour and requires or is susceptible to medical treatment.

Local health authorities have a duty to make arrangements for the care and aftercare of mentally disordered patients in the community and as recent advances in medical treatment enable patients to be discharged from hospital more quickly, this produces an added demand for the local authority services. Such community arrangements may include residential accommodation, facilities for training or occupation and the provision of mental health social workers - the mental welfare officers.

The mental welfare officer is a descendant of the Parish Overseer who became the Relieving Officer, who in turn became the Duly Authorised Officer, part of whose job it was to compulsorily admit to hospital people with unmanageable mental illness. The work of these various officers included other duties than mental health which have been shed by successive Acts of Parliament and now the mental welfare officer is concerned with the community problems of mental disorder.

The minimum educational requirement for becoming a mental welfare officer are five G.C.E. 'O' level passes and the qualification which should be obtained is the certificate in Social Work awarded by the Central Council for Training in Social Work, though it must be said that many recruits to this field in the past came from the nursing profession and were equipped with one or more nursing qualifications. The course leading to the Certificate in Social Work is of two years in duration and it must be preceded by some practical experience in social work. Many local health authorities have schemes whereby they appoint young applicants as welfare assistants and if they prove suitable the authority seconds them on a training course on full salary and with expenses. Usually such secondment is tied to an agreement whereby the candidate promises to return and work for the authority for a specified period. The training includes the principles and practice of social work, social policy and its administration and the study of the problems of human growth and behaviour and how they are influenced by society. In addition the students do field work so they are able to relate theory and practice.

Obviously the personality of the potential student is important as in addition to the qualities of sympathy and kindness, one needs a logical mind in order to be able to unravel the intricacy of problems with which a family may be surrounded

and to be able to keep clear a way through, for the benefit of the patient and his family. He will also require a decisive mind capable of making firm decisions as on occasions he may be working against the sometimes well meaning opposition of the family or friends of the patient.

Now what exactly are the duties of a mental welfare officer? The recognition of mental illness is usually made by the family doctor who, depending upon the severity of the condition, may either decide to treat himself or refer the patient to a consultant psychiatrist. Usually in the majority of such instances the mental welfare officer is not involved and even if the patient is referred to hospital for admission on a voluntary basis it is possible for the mental welfare officer to have no knowledge of the case. However, there are occasions when the general practitioner feels that the patient or his family need further advice or help with social problems while medical treatment is pending or taking place and may well call upon the mental welfare officer to visit and assist and even undertake the arrangements for the voluntary admission to hospital. On the other hand the mental welfare officer is usually always involved in emergency or crisis situations where not only the general practitioner but also the police and others may be concerned. In such cases compulsory admission to hospital may have to be arranged and the procedure involves two medical recommendations, one usually given by the doctor who knows the patient and the other by a consultant psychiatrist or a doctor having special experience in the diagnosis or treatment of mental disorder. An application for admission also has to be made either by the patient's nearest relative or by a mental welfare officer, who, whether or not he actually makes the application, undertakes the necessary administration including the escorting of the patient to hospital. In an emergency only one medical recommendation need be given but the second must be provided within 72 hours of admission to hospital.

The mental welfare officer is also closely concerned with the aftercare of the patient discharged from hospital because mental illness may have a wide variety of social causes and repercussions. For example, jobs and homes may be lost and marriages may become strained or break down. Very frequently the patient's financial affairs have become hopelessly involved and it is the mental welfare officer who tries to unravel all the factors which contribute towards these problems, who helps the family solve the ones they are capable of solving and helps them make realistic plans to cope with their difficulties. He is in a position to explain what material assistance can be obtained from the various social welfare agencies and he is always able to give support, encouragement, comfort and sympathy.

Dealing with those suffering from mental illness and their families is only part of the work of the mental welfare officer. A large part deals with another side of mental disorder - the mentally subnormal. The diagnosis of mental subnormality may be made early in the life of a child, sometimes at birth. On the other hand the child may reach school attendance age before a diagnosis is made. In these days developmental assessments of children occur at regular intervals in the clinics and a diagnosis can be made or suspected at an early age and the parents gently and sympathetically prepared, but some parents who consciously or subconsciously suspect that all is not well shield their children from positions where assessments or comparisons can be made - and a small number will go even further and arrange a private education so that a subnormal child may not present itself with any

problems until school leaving age or later. Fortunately such cases are few these days as subnormality is no longer recognised as a stigma on the family and help and advice can be given very early on in a child's life. It is after the diagnosis has been made and after the acceptance of the diagnosis by the parent that the mental welfare officer can be of assistance. He can explain to the parents all the facilities for training, employment and long-term care when the parents are ill or elderly and unable to cope. He can arrange for admission to a training centre, sometimes from the age of three years, and if the child is severely subnormal he can offer attendance at a special care unit attached to the training centre. Further, if the child has associated physical handicaps, the mental welfare officer may wish to involve the nursing aids section of the health department or the Welfare Department who will be able to provide beds, mattresses, walking aids, ramps and handrails etc. in the child's own home. Transport to and from the centre will also be arranged by the mental welfare officer if this is thought to be required.

As the child grows older and enters the adult training centre at the age of 16 years the question of employment will raise itself and again the mental welfare officer, knowing his area, the industry and possibly a number of sympathetic employers, is in a strong position to offer good advice to the parents. The placing of a subnormal adult in employment is not the end of the matter, however, as it may require as much, if not more, effort on the part of the mental welfare officer to keep him in employment. As the adult subnormal grows older the parents also age and through age, illness or death may be unable to care for their son or daughter any longer. In such circumstances it may be possible to arrange hostel accommodation though in the cases of severe subnormality hospital accommodation may be the only possible solution.

It is not uncommon now for the mental welfare officer to establish and organise a social club in his area to which people who have suffered from mental disorder are invited to attend and engage in various social activities. Such clubs usually held in clinics in the evening enable ex-patients to meet together and talk amongst themselves and to the mental welfare officer. These clubs are thus in part therapeutic since they offer company to the withdrawn and lonely individual and also a near at hand advisory service.

The mental welfare officer can also become concerned with the elderly as senility may present itself in various anti-social ways which disturb relations and neighbours and it is in such cases that the greatest pressure is sometimes exerted by relatives for the compulsory removal of some aged member of the family and it is in these circumstances that the mental welfare officer must make a careful assessment of the needs of a particular patient before reaching a decision regarding admission. In most instances he discusses the case with the general practitioner and the officers of any other related services. Sometimes he may seek the advice of a consultant psychiatrist and arrange for a domiciliary visit to the patient's home and as a result of these investigations he will reach a decision which may mean that the patient remains at home, is admitted to hospital or is admitted, with the co-operation of the Welfare Officer, to welfare accommodation.

It will be seen that the work of the mental welfare officer covers all ranges, young and old, the ill and the recovered, the normal and the abnormal. The material assistance he can offer can be invaluable to those in need of it. His capacity to sit, listen and sympathise with the cares and problems of his patients is of equal if not greater importance. His powers are not inconsiderable. The powers invoked can mean the removal of a patient to hospital but this is done primarily in the interests of the patient. His association with the medical profession is extremely close and it is with some regret therefore that we are about to witness the passing of this service into the orbit of the new Social Services Department in the immediate future and we hope that the good relationships which have existed in the past will continue in the future as any failure in this respect must adversely affect the patient who is after all our prime consideration.

WEST RIDING COUNTY COUNCIL HEALTH SERVICES
DIVISIONAL ADMINISTRATION
HEALTH EDUCATION

During 1969 health education was undertaken in every senior school in the Division. Overall there was an extension of the work by health visitors to two more senior schools and three junior schools. Some special work was also undertaken such as talks to Women's Guilds, leaders of play-groups and school-boys taking part in the Duke of Edinburgh Award Scheme. Further, by arrangement a number of groups were shown round the training centres and hostels.

As always much teaching is done in the home and at the clinics by personal contact and use is made of displays, posters and leaflets. Posters are also displayed in doctors' surgeries and public places such as local libraries, post offices and district health offices.

The topics used in 1969 were as follows:-

Coughs and Colds	January - February
Protect your Eyes	March - April
Water Safety	May - June
Use the Correct Fuse	July - August
Flame Resistent Fabrics	September - October
Buy for Safety	November - December

Bonfire and Xmas Posters were also displayed in November and December.

Materials used during the year included films, filmstrips and flannelgraphs and the increase in usage of such material is undoubtedly due to the variation and suitability of the subject matter now available.

Two Home Safety Committees are active in the Division, one covering Ossett, Horbury and Wakefield Rural (the Gaskell area) and the other which is a sub-Committee of the Health Committee, with co-opted members, at Morley.

THE UNMARRIED MOTHER
AND MOTHER AND BABY HOMES

The unmarried mother is referred usually by the Moral Welfare Organisations, our own staff or other services. Should the unmarried mother require a place in a Home prior and after delivery of her baby this can be arranged and financial responsibility is undertaken by the County Council provided she is a bona fide resident of the West Riding. The mother enters the Home during the later period of her pregnancy, is admitted to hospital for her confinement and returns to the Home for a further few weeks after the birth of her baby. Nineteen such cases were accommodated in Mother and Baby Homes during the year.

Of the total of 109 live illegitimate births, 78 were dealt with in this Division as indicated overleaf :

1. Number of cases dealt with during the year:-

- (a) Referred by Moral Welfare Organisations
- (b) Ascertained through own staff (midwives etc.)
- (c) Referred by other services

Totals

West Riding Cases	Non- County Cases	Total
20	—	20
26	—	26
32	—	32
78	—	78
5	—	5
11	—	11
9	—	9
52	—	52
—	—	—
1	—	1
		78

* For the purpose of the scheme. a married mother of an illegitimate child is included, when known as such, as an unmarried mother

3. Ages:-

- (a) Under 15
- (b) 15 - 19
- (c) 20 - 24
- (d) 25 - 29
- (e) 30 - 39
- (f) 40 and over

Totals

-	-	-
33	-	33
31	-	31
5	-	5
9	-	9
-	-	-
78	-	78

4. Disposal :-

- (a) Cases settled -
 - (i) Marriage
 - (ii) Baby died
 - (iii) Grandparents to take baby home
 - (iv) Baby adopted
 - (v) Baby fostered
 - (vi) Mother keeping baby
- (b) Cases referred elsewhere
- (c) Cases in which action has been taken but not finally settled

Totals

2	-	2
-	-	-
-	-	-
17	-	17
-	-	-
59	-	59
-	-	-
-	-	-
78	-	78

CARE AND AFTER-CARE

Recuperative Home Treatment

Fifteen patients were sent to various convalescent homes from this Division during the year following the medical recommendation from the family doctor. Applications are only considered where the patient is recovering from an illness and when it is likely that a period in a convalescent home would hasten recovery.

Provision of Nursing Equipment in the Home

1,404 items of nursing equipment were issued to patients being nursed in their own homes. Such equipment included commodes, bed pans, rubber sheets and wheelchairs. The latter are for temporary use only as chairs for permanent use are supplied by the Ministry of Pensions through the hospital service.

Incontinent Patients

A laundry service for these patients is available in Morley Borough where arrangements can be made for the soiled linen to be collected and taken to Dewsbury General Hospital for washing. This service has been largely superseded by the use of disposable pads. These pads are more comfortable to the patient, can be changed more frequently than bed linen and are therefore much more convenient.

Hospital Liaison

Four health visitors are engaged in hospital liaison work, two undertaking premature baby liaison at Wakefield General Hospital, Manygates Maternity Hospital and Leeds Maternity Hospital, one carrying out geriatric liaison with Wakefield General Hospital and one diabetic liaison with Clayton Hospital, Wakefield.

Premature Baby Liaison

This takes place at Manygates Hospital, Wakefield General Hospital and Leeds Maternity Hospital. The health visitor visits weekly and obtains environment reports for the Paediatricians and notifies the Divisions of the pending discharge of a premature baby. The health visitor also attends a follow-up clinic at Manygates Hospital.

Diabetic Liaison

The Health Visitor attends Dr. Fletcher's Diabetic Clinic every Monday at Clayton Hospital. She does follow-up visits to diabetic patients in her own area and refers patients together with detailed instructions regarding diet and insulin therapy to the health visitor responsible for the patients seen from other Divisions.

Geriatric Liaison

Geriatric Liaison work at the beginning of the year consisted of social reports and discharge rounds at the General Hospital, Wakefield.

The majority of patients from Division 13 are admitted to the General Hospital, Wakefield and Staincliffe Hospital, Dewsbury. A few cases requiring active treatment only are admitted to St. James' Hospital, Leeds.

MENTAL HEALTH

Mental Welfare Officers

There are three Mental Welfare Officers in the Division who are concerned with the pre-care and after-care of mentally disordered persons and with the admission of such persons to hospital when this becomes necessary. A twenty-four hour admission service is operated in conjunction with other Mental Welfare Officers in adjoining Divisions.

Psychiatric Social Club

This club meets every week at Morley Central Clinic on Thursday evenings at 7.30 p.m. About 15 out of a possible 25 members turn up at the club evenings and the Mental Welfare Officers help in the arrangement of activities. The purpose of the club is to assist in the social re-integration of patients discharged from hospital and to serve as a link between hospital and domiciliary services. It is essentially a friendly group where members can meet others who, if they do not have their problems, at least understand them.

Ossett Junior Training Centre

The year started with 22 children on the register; three children were admitted and two left such that at the 31st December, 1969, 23 children were in attendance. Of the two discharges, one was transferred to the West Ardsley Centre on attaining the age of 11 years and one was admitted to Crofton Priory School for educationally subnormal pupils.

Age and Sex of Children in Attendance at Ossett
Training Centre at 31st December, 1969

Sex	AGE						Total
	5+	6+	7+	8+	9+	10+	
Male	1	3	1	6	1	3	15
Female	2	-	-	-	3	3	8
Total	3	3	1	6	4	6	23

West Ardsley Training Centre

There were 84 trainees in attendance at the Centre at the end of 1969, with ages ranging from 3 to 54 years.

Seventeen persons were admitted during the year including five children under the age of sixteen and twelve adults, nine of whom resided at Healey Croft Hostel. One of the children was admitted to the Special Care Unit.

There were 17 discharges in the same period, all of whom were adults. Ten obtained work in open industry, three were admitted to hospital for long-stay care, one moved to private lodgings, one was a short-stay admission to Healey Croft Hostel, one was discharged as unmanageable and one trainee died.

Age and Sex of Trainees
Ardsley Training Centre at

Section	JUNIOR WING								
	Junior Group								
Age	3+	4+	5+	6+	7+	8+	9+	10+	11+
Male	1	-	1	-	2	3	-	-	2
Female	-	-	-	-	1	1	-	2	2
Totals	1	-	1	-	3	4	-	2	4
Places	15								
	12								

B.C.G. Vaccination against Tuberculosis

The vaccine used is B.C.G. and is offered to all children in their fourteenth year with a view to affording protection to adolescents in early years of their employment in industry and elsewhere.

Vaccination was offered to all children in this age group in 1969 and the overall acceptance rate was only 56%

The following table is a summary of the work carried out in the year:

School	No. of Consent Forms Issued	No. of Children whose parents consented	No. of Children Heaf Tested	No. with Positive Reaction	No. with Negative Reaction	Not Ascer- tained	No. Vaccin- ated
Horbury Sec.	120	92	84	2	82	-	77
Ossett Grammar	120	15	13	-	13	-	12
Ossett Sec.	120	27	21	6	15	-	15
Crigglestone Secondary	48	27	31	3	28	-	28
Crofton Sec.	98	14	11	3	8	-	8
Morley Grammar	120	110	110	6	104	-	104
Woodkirk Sec.	150	125	114	8	106	-	106
Bruntcliffe Sec.	200	126	126	8	118	-	118
Total	976	546	510	36	474	-	468

B.C.G. vaccination is also available at the local Chest Clinic for the protection of ascertained contacts of tuberculosis and in certain other cases.

SCHOOL HEALTH SERVICE

Under the routine and selective scheme of medical examinations, 2,638 children were examined in 1969, and there were no children who were considered to have an unsatisfactory general physical condition.

SCHOOL POPULATION

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of Departments	29	11	6	18	64
No. of children in attendance	6960	3039	1430	3119	14548
No. of children examined	1362	256	292	728	2638

The number of children routinely examined on entering infants schools are as shown in the following table:-

ROUTINE SCHOOL INSPECTIONS

Group	Morley		Ossett		Horbury		Wakefield Rural		Total	
	Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.
Entrants	929	-	146	-	243	-	626	-	1944	-

Commencing September, 1969 the routine school leavers examination was superseded by a selective form of examination similar to that in use in the junior schools, and in addition the entrants examination was advanced into the pre-school period. In practice this meant that the total number of school leavers examined fell as the examination only took place for specific reasons. Selection for this examination followed perusal of questionnaires received from the parents and after consideration or recommendations made by head-teachers and medical and nursing staff. Further, the time saved by use of the selective procedure at the school leaving period was utilised on this one occasion to begin the entrants examination in 1969 instead of the usual time in the second term. This was because the advancement of the entrants examination into the pre-school period meant twice as many children had to be examined. This accounts, therefore, for the increase in entrants examined in 1969. In future years the time saved by the selective examination will be used to visit all the schools in the Division on a regular basis in order to discuss cases with the head-teacher and his staff.

Type of examination	Morley	Ossett	Horbury	Wakefield Rural	Total
Special Examination	527	62	43	169	801
Selective Exam. Juniors	324	41	17	102	484
Selective Exam. Seniors	109	69	32	-	210
Totals	960	172	92	271	1495

Cleanliness

One hundred and two children were excluded from school, some on more than one occasion, during the year, because of head infestation and of these three children were compulsorily cleansed. This compares with 135 exclusions and three compulsory cleansings in 1968, and the percentage of infestation in the Division has fallen to 1.2 in 1969 as against 1.7 in 1968.

The health visiting staff makes routine inspections to the schools and all cases of infestation are followed up with advice and supplies of shampoo for the affected child and where necessary for other members of the family.

CLEANLINESS INSPECTIONS

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of children examined	16031	8627	5075	7132	36865
No. of cases of infestation	214	148	11	101	474
% of infestation	1.3	1.7	0.2	1.4	1.2
No. of individual children with infestation	150	102	9	75	336
No. of children excluded from school	99	3	-	-	102
No. of cleansing notices issued	19	-	-	-	19
No. of cleansing orders issued	7	-	-	-	7
No. of children compulsorily cleansed	3	-	-	-	3
Successful legal proceedings	-	-	-	-	-

Vision

All children with a visual acuity of 6/9 are kept under observation and those with less than this are referred for specialist examination. The following table summarised the findings during the past year:-

RESULTS OF VISION TEST

Age	No. examined	Normal		Observation		Treatment	
		No.	%	No.	%	No.	%
7	1309	1238	94.5	50	3.8	29	2.2
9	1136	996	87.6	87	7.6	53	4.5
11	1189	1068	89.8	70	5.8	51	4.2
13	959	864	90.09	63	6.6	32	3.3
Total	4593	4166	90.6	270	5.8	165	3.6

A colour vision screening test is undertaken at 11 years of age by means of the Ishihara Colour Plates. The shortened version is used by the health visitor and the test is repeated by the school medical officer using the complete set of plates when a child fails the first test. Colour vision is important when one is considering a future career as with certain occupations in the Royal Navy, Royal Air Force, Merchant Navy, Railways, G.P.O., Police, Pharmacy, Textile Manufacture, Electrical Industries, Printing and Paint Trades, defective colour vision would be a bar to employment.

Hearing

One thousand three hundred and six 7 year old children had their hearing tested as a routine, and 66 were referred to the School Medical Officer for further investigation. Two children have been provided with hearing aids during the year.

CLINIC AND CONSULTANT SERVICES

The Division is well served by neighbouring hospitals and hardly any delay occurs when a consultant's opinion is required. The Division has its own psychiatrist, psychologists, part-time speech therapist and the services of several ophthalmologists on a sessional basis.

Child Guidance Clinic

The Child Guidance Clinics at Ossett and Morley continue to be held weekly, each clinic having one half-day session. The Morley Clinic is still the busier and the case material presented there would justify one full day weekly if that became possible. The number of children treated in both clinics is higher than in previous years.

The clinic accommodation and staff remain unchanged since 1968. Mr. J.B. Mannix and Mrs. A.B. Castle, Psychologists, are working in both clinics and Mrs. S. Halstead continues to carry out the social work duties.

The case material referred to the clinics is chosen well, varies widely and is of very great interest to all members of the clinic team. Occasional talks relevant to the work are requested and undertaken in the area.

CHILDREN ATTENDING CHILD GUIDANCE CLINICS
IN 1969

	Ossett	Morley
Number of sessions held	47	47
Number of new cases	28	40
Number of cases referred from 1968	23	36
Number of cases discharged or referred for residential treatment	27	30
Number of cases carried forward to 1970	24	46

NUMBER OF NEW CASES SEEN AT THE CHILD
GUIDANCE CLINICS 1965 - 1969

Clinic	1965	1966	1967	1968	1969
Ossett	15	20	17	24	28
Morley	19	31	32	32	40
Totals	34	51	49	56	68

Refraction Clinics

Refraction clinics staffed by specialists are held at Morley, Ossett and Wakefield. There were 210 children, equivalent to a waiting period of three months still waiting to be seen at the Morley Eye Clinic at the end of the year. This is an improvement on the length of the waiting list in 1968 due to the increased number of sessions held at this clinic. There were 109 children on the waiting list for the Ossett Eye Clinic, which is equivalent to a waiting period of four months, this being due to the number of new referrals. Also for this reason there were 140 children on the waiting list for Wakefield Eye Clinic - a five month waiting period.

ATTENDANCE AT REFRACTION CLINICS IN 1969

	Wakefield	Morley	Ossett	Total
Number of sessions held	24	36	20	80
Number of new cases	70	133	48	251
Number of refractions carried out	235	430	207	872
Number of cases where spectacles were prescribed	103	146	91	340

Ear, Nose and Throat Clinic

With the consent of the general practitioner children requiring specialist attention are referred to the hospital clinics at Batley and Wakefield.

Speech Therapy Clinic

This clinic was recommenced in September, 1967 with two Speech Therapists working in the Morley and Gaskell parts of the Division respectively. There is now only one who continues to run both clinics along with her duties in other areas of the West Riding which is equal to half a therapist which is only 50% of our present establishment.

1.	Total number of sessions held during year	...	...	...	...	...	...	...	199
2.	(a) Number of new cases treated during year	...	...	...	...	...	...	...	80
	(b) Number of cases already attending for treatment								
	from previous year	...	...	...	...	...	...	...	85
	(c) Total number of cases treated (a) + (b)	...	...	...	...	...	...	...	165
3.	Number of cases awaiting treatment at end of year	...	...	...	...	...	...	...	10
4.	Number of visits made to school...	...	...	...	...	...	...	...	8
5.	Number of home visits...	...	...	...	...	...	...	...	-

Analysis of Cases treated during year

									Boys	Girls
1.	Stammering	...	...	...	...	...	...	...	18	9
2.	Defects of Articulation:-									
	(a) Cleft Palate	...	...	...	...	...	...	...	3	2
	(b) Cerebral Palsy	...	...	...	...	...	...	...	-	2
	(c) Other structural malformations	...	...	...	...	...	...	...	4	2
	(d) Other causes, e.g. Neurological	...	...	...	...	...	...	...	10	1
	(e) No specific cause found	...	...	...	...	...	...	...	30	22
3.	Disorders of Language due to:-									
	(a) Retarded language development (non-specific)	...	...	...	...	...	...	...	28	15
	(b) Retardation with associated subnormality	...	...	...	...	...	...	...	17	5
	(c) Retardation associated with deafness	...	...	...	...	...	...	...	5	6
	(d) Dysphasia	...	...	...	...	...	...	...	1	1
	(e) Aphasia	...	...	...	...	...	...	...	-	-
	(f) Other reasons	...	...	...	...	...	...	...	2	-
4.	Dysphonia	...	...	...	...	...	...	...	1	-
5.	Other defects	...	...	...	...	...	...	...	-	-

Children discharged during the year

Total	29	29
-------	-----	-----	-----	-----	-----	-----	-----	-----	-----	----	----

Analysis

Speech normal	...	...	...	...	...	...	...	...	7	16
Speech improved	...	...	...	...	...	...	...	...	8	8
Unsuitable for treatment	...	...	...	...	...	...	...	...	-	-
Non Co-operation	...	...	...	...	...	...	...	...	7	1
Admitted to special schools	...	...	...	...	...	...	...	...	3	1
Left school	...	...	...	...	...	...	...	...	-	-
Left district	...	...	...	...	...	...	...	...	3	3
Other reasons	...	...	...	...	...	...	...	...	1	-

Handicapped Pupils

Sixty four children were initially ascertained during the year and at the end of 1969 we had a total of 308 handicapped children on the register. Of these 159 were already receiving appropriate education in special schools, but 17 physically

handicapped children and 52 educationally sub-normal children remain to be placed in special schools. Of the remaining 80, seventy nine, ten of whom were physically handicapped, were recommended for special educational treatment in the ordinary school and one required home tuition. There is no doubt that there is a need for a remedial centre at which slow children (69 in the division) who normally attend at the ordinary school, could visit, say for one day a week. At such a centre, educational therapeutic methods could be undertaken by experienced staff and would undoubtedly be of benefit to such border-line educationally sub-normal children.

HANDICAPPED PUPILS RECOMMENDED FOR EDUCATION IN
SPECIAL SCHOOLS AT 31ST DECEMBER, 1969

Category	Morley	Gaskell	Total
Blind	1	-	1
Partially sighted	2	-	2
Deaf	7	7	14
Partially Hearing	3	2	5
Educationally sub-normal	89	59	148
Physically handicapped	13	13	26
Maladjusted	8	6	14
Delicate	2	9	11
Epileptic	-	1	1
Totals	125	103	228

Pre-School Handicapped Children

Under the present scheme, congenital abnormalities are notified by the midwife on the birth notification card and details are passed to the County Medical Officer for statistical purposes. In addition to this a card index is kept in the Divisional Health Office of all known children who are born with or develop a handicap either physical or mental, which may be of such a degree as to necessitate special arrangements for the child's education. These children are closely supervised and frequently visited by the health visitors, and their reports are submitted to the relevant departmental medical officer at the Child Health Clinics who will eventually come to a decision regarding the best possible arrangements for every particular child. It is likely that much of the administration of this scheme will be taken over by the computer in the future.

Children and Young Persons Act, 1933

Twenty seven children made special application to take part-time employment during the year and all were considered physically fit for such work.

GENERAL PROVISION OF HEALTH SERVICES

HOSPITALS

General Hospital Accommodation

There are no hospitals within the Borough of Ossett but reasonably adequate facilities are available in Wakefield, Dewsbury and Leeds, under the administration of the Leeds Regional Hospital Board.

A new Regional Burns Centre built in the grounds of Pinderfields Hospital, Wakefield provides the most modern equipment and intensive specialist treatment designed to give severe burns cases the greatest possible chance of recovery.

Isolation Hospitals

Patients with infectious disease may be admitted to Snapethorpe Hospital, Wakefield or Seacroft Hospital, Leeds. The latter hospital admits all cases of acute poliomyelitis from this area.

Maternity Hospitals and Maternity Homes

Maternity hospital facilities are available at centres in Wakefield, Dewsbury and Leeds, and there is a maternity home in Morley, but this is likely to close in 1972 when the first phase of the new District Hospital in Dewsbury is completed. Priority is given to abnormal cases and to mothers living in conditions unsuitable for domiciliary confinement.

Hospitals Specialising in Mental Disorder

In addition to the Stanley Royd Hospital, Wakefield, Meanwood Park Hospital, Leeds, and Westwood, Bradford, work has commenced on a new hospital for mentally sub-normal patients on a site adjacent to Pinderfields and Stanley Royd Hospitals, Wakefield. This hospital will have 480 beds of which 100 will be for children and 46 for adolescents. There will also be an "infirmary" unit for 20 beds for those sub-normal patients suffering from acute medical or surgical conditions. A rehabilitation unit will be provided and in order to facilitate the close liaison with the Local Health Authority Services, accommodation is to be provided for the mental welfare staff.

AMBULANCE SERVICE

The local ambulance service is provided by the West Riding County Council. All calls for the ambulance service should be made to the Ambulance Headquarters, Tel. No. Bradford 682211.

LABORATORY FACILITIES

The Public Health Laboratory at Wood Street, Wakefield (under the administration of the Medical Research Council of the Ministry of Health) accepts specimens for bacteriological, biological, entomological and chemical investigations from General Practitioners and Public Health Department staff.

BOROUGH OF OSSETT

ANNUAL REPORT

OF THE

PUBLIC HEALTH INSPECTOR

P R E F A C E

Mr. Chairman and Members of the Health and Sewage Committee:

One of the effects on this department of the financial restrictions during the year was to reduce the number of clearance areas represented to approximately half of those dealt with during the preceding year. Whilst there are unfit houses still occupied in the Borough, any measure which prolongs their occupation in this condition is to be deprecated, however, the introduction of new grant provisions in the Housing Act 1969 has renewed interest in house improvement amongst both owner/occupiers and owners of tenanted properties and this will ultimately reduce the rate of deterioration in at least a proportion of the older properties.

Preparatory work was commenced by the department into the possibility of declaring an area off Dewsbury Road a General Improvement Area, but this survey cannot be completed until next year.

Whilst refuse collection as a service calls for little comment, the changing climate of labour relations amongst the staff does. It was evident that the nationwide discontent amongst refuse collection staffs affected the men locally. Time alone will give the answer as to what the ultimate effect will be.

At the end of the year there was a reduction in the supply of gas coke, firstly as a result of contracting production as North Sea Gas supplanted that produced from coal, and secondly from production difficulties following a strike in the coal industry; ultimately supplies of gas coke will cease, with the effect that more expensive replacement fuels will, of necessity, have to be used on the remaining solid fuel appliances within the Borough.

Other routine duties for the department are summarised under the appropriate headings in the body of the report.

I would tender my sincere thanks to the members of the Health and Sewage Committee for their help and understanding during the past year, to the Medical Officer of Health and the officials of the Council for their advice and assistance and finally to the staff of this department for their loyal service and tactful administration of the duties delegated to them.

H.W. MYCOCK

Chief Public Health Inspector

H O U S I N G

New Houses Completed

Private Construction	145
Council Construction	64

Overcrowding

The over-all picture of housing within the Borough continues to improve. However, there still remains a number of small cottage type dwellings, and it is anticipated that for some years yet a few instances of overcrowding will continue to be discovered. The position at the end of the year is set out below:

Total known cases of overcrowding at 31st December, 1969	1
Number of families involved	2
Number of persons involved	7
Cases discovered during the year	-
Cases abated during the year	3

Slum Clearance

It was with considerable reluctance that the Committee agreed to defer the latter half of the intended representations until 1970, this decision was brought about by the high interest rates on loans raised for local authority needs.

Details of the position at the 31st December, 1969 is set out below:

(a) Represented during 1967 and confirmed in 1969

Dale Street Clearance Order No. 3, 1967	59, 61, 63, 65, 67, 69, 71, 73, and 75 Dale Street: 1, 2, 3, 4, Tomlinson's Yard; 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, Mitchell's Row.
---	--

(b) Areas represented in 1968 and confirmed during the year:

Back Lane Clearance Order, 1968	Confirmed with modifications
Dale Street Clearance Order, 1968	113, 115 and 117 Dale Street
Dewsbury Road Clearance Order, 1968	217, 219 and 221 Dewsbury Road

(b) Areas represented in 1968 and confirmed during the year: (cont'd)

West Wells Buildings Compulsory
Purchase Order, 1968

1, 2, 3, 4, 5 and 6
West Wells Buildings.

Note: 11 and 11a West
Wells Road confirmed
as Clearance Order.

Storrs Hill Road Compulsory
Purchase Order, 1968

1, 2, 3, 4, 5, 6, 7
and 8 Ellis' Yard;
54, 56 and 58 Storrs
Hill Road

(c) Areas represented during the year:

Description of Area

Position at 31st December
1969

Wesley Street Compulsory
Purchase Order, 1969

Confirmation as Clearance
Order awaited

3 and 5 Wesley Street

Queen's Terrace Compulsory
Purchase Order, 1969

Ministry decision awaited

3, 5, 7, 9, 11, 13, 15, 17, 19,
21, 23, 25, 27, 29, 31 Queen's
Terrace

The Green Clearance Order, 1969

Confirmed

2, 3, 4 and 5 Sutcliffe's Yard

(d) Represented during the year but further action deferred until 1970

Healey Road Clearance Area, 1969

7, 9, 11 and 13 Healey
Road; 1, 2, 3, 4, 5, 6
and 7 Audsley's Yard (11)

Wakefield Road Clearance Area 1969

55, 57, 59, 61, 63, 63a,
65, 67, 69, 71, 73, 75
and 77 Wakefield Road;
1 and 3 Riley's Yard (15)

(e) Individual Houses Represented

1, 2 and 3 Tateley Lane
54, Teall Street
20, 22, 24, 26 and 28 Horbury Road
14, 14a and unnumbered house Town End
2, Riley's Yard
1, Land's Fold (14)

(f) Houses Demolished during 1969

i) In Clearance Areas

38, 40, 42, 44, 46, 48, 50, 52, 54, 7, 9, 11, 13, 15, 17,
19, 21, 23 and 25 Cross Street (19)

1, 3, 5, 7, 9, 11, 13, 15, 17, 20, 21 and 23 Briggs Old Row (12)

1, 3, 5, 7 and 9 Milner Street (5)

231, 233 and 235 Dewsbury Road (3)

1 and 1a Tattersfield Street (2)

7, 9, 19, 23, 25, 33, 35, 39, 51 and 53 Intake Lane (10)

1, 2 and 3 Boocock's Buildings (3)

1, 2 and 3 Moss' Buildings (3)

1 and 2 Parker's Buildings (2)

114, 116, 118, 120, 122, 124 Wakefield Road (6)

1, 2, 3, 4, 5 and 7 Ashton's Buildings (6)

22, 24, 26, 28, 30, 32 and 34 Pickersgill Street (7)

Total 78

ii) Adjoining Clearance Areas

11, 13, 15, 27, 31, 31a, 37, 41, 43, 45, 47, 49,
Wellburncot, Intake Lane and 1 Nettleton's Buildings (13)

iii) Individual Houses

1, 2, 3 and 4 Clegg's Buildings (4)

1 and 2 Brook's Buildings (2)

19 and 21 Wakefield Road (2)

(f)(iii) cont'd

214 Wakefield Road
17, 21 and 29 Intake Lane

(1)
(3)

Grand Total

103

M E A T A N D O T H E R F O O D S

Meat Inspection

Number of licensed slaughterhouses in the Borough:

3

The following table gives details of carcasses and offal inspected and condemned in whole or part:-

	Cattle exc. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3765	368	47	14117	8027
Number inspected	3765	368	47	14117	8027
<u>All disease except tuberculosis and cysticerci</u>					
Whole carcasses condemned	-	3	-	17	7
Carcasses of which some part or organ was condemned	384	41	3	667	940
Percentage of the number inspected affected with disease other than tub- erculosis and cysticerci	10.2	11.9	6.4	4.8	11.8
<u>Tuberculosis Only</u>					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	25
Percentage of the number inspected affected with tuberculosis	-	-	-	-	.31
<u>Cysticercosis</u>					
Carcasses of which some part or organ was condemned	5	-	-	-	-
Carcasses submitted to treat- ment by refrigeration	5	-	-	-	-

Disposal of Unsound Meat

Unsound meat is sold to waste recovery merchants, the proceeds of the sale being retained by the butcher.

Set out below are details of animals and organs found to be unfit:-

	<u>Tuberculosis</u>	<u>Other Causes</u>
<u>Carcases and all organs</u>		
Cows	-	3
Sheep	-	17
Pigs	-	7
<u>Part carcases</u>		
Sheep	-	12 lb
Pigs	-	761 lb
Bovine	-	181 lb
<u>Heads and Tongues</u>		
Pigs	23	13
Bovine	-	13
<u>Lungs</u>		
Sheep	-	41
Pigs	-	623
Bovine	-	21
Calves	-	3
<u>Livers</u>		
Sheep	-	594
Pigs	-	246
Bovine	-	365
<u>Plucks</u>		
Sheep	-	13
Pigs	-	71
<u>Mesentry</u>		
Sheep	-	2
Pigs	-	3
Bovine	-	1

Hearts

Sheep	-	9
Pigs	-	164
Bovine	-	13
Calves	-	1

Stomach

Bovine	-	1
--------	---	---

Spleen

Bovine	-	1
--------	---	---

C. Bovis : 5

Meat Inspection Regulations 1963

Charges made under the Regulations are the maximum i.e. cattle 2s.6d., pigs 9d; sheep 6d; per head. Income arising from these charges during the year was £1,172. 6s. 6d

Other Foods Surrendered

The following table gives details of food surrendered and destroyed. The greater part of the unsound tinned meats were surrendered by wholesale distributors :-

	Containers	Weight	
		lbs	ozs
Baby Food	5	1	8
Beef Suet	1		2
Bicarbonate of Soda	4		4
Biscuits	4	3	0
Butter	145	72	8
Cheese		39	11
Coconut	14	7	0
Fish	71	29	9½
Fruit	80	96	11¼
Ground Rice	28	14	0
Jelly	1		4
Meat (tinned)	1877	6658	88
Meat		887	12
Milk	1	1	0
Pickles	1		15
Rice	1	1	6½

Soup	7	4	9 $\frac{1}{2}$
Steak and Vegetables	40	37	15 $\frac{1}{2}$
Sugar		5	0
Tomatoes	2233	2189	3
Vegetables	470	731	12 $\frac{1}{2}$

10773

12 $\frac{5}{8}$

4 tons 16 cwt. 0 qr. 21 lb. 12 $\frac{5}{8}$ oz.

Milk Samples

During the year samples have been taken regularly from bulk supplies of milk intended for retail sale and also when necessary from individual cows for examination for brucella infection. Details of the results of these and Methylene Blue tests are given below:-

Source of Sample	Designation	Type of Examination	Result			
			Negative or passed	Doubtful	Positive or failed	Total
Bulk	Untreated	Methylene Blue	31	1	6	38
		Brucella Abortus (a) Ring Test	35	11	11	77
		(b) Cream Culture	19	2	1	22
	Pasteurised	Methylene Blue	3	-	-	3
		Phosphatase	2	-	-	2
Individual Cows	Brucella Abortus					
	(a) Ring Test		87	10	16	113
	(b) Cream Culture		21	1	4	26

Action taken on supplies giving positive results

Affected cows from two herds supplying retailers within the Borough were removed.

An order under Article 20 of the Milk and Dairies Regulations continues in force on a herd which has been infected for some time.

Food Samples

Set out below are details of samples taken for bacteriological examination together with the results :-

Sample	Number taken	Number satisfactory	Number unsatisfactory
Meat and Meat Products	21	20	1
Shellfish	1	1	-
Fresh cream	42	26	16
Fresh cream confectionary	13	12	1
Artificial cream and cream confectionary	3	3	-

In the majority of instances of unsatisfactory cream samples it was found that the failure to satisfy the Methylene Blue Test could be traced either to poor stock rotation on the part of the retailer, too high a storage temperature or alternatively undetected fluctuations in temperature resulting from faulty thermostats in the refrigeration plant.

A T M O S P H E R I C P O L L U T I O N

The instrument for determining the level of smoke and sulphur dioxide pollution installed at Croft House in 1963 in co-operation with the West Riding County Council was removed to the Public Health Inspectors' Office in January, 1969. Unfortunately a recurring fault rendered the readings for February, March and April unreliable.

Month	SMOKE Microgrammes per cubic metre			S.O.2 Microgrammes per cubic metre		
	Average	Highest	Lowest	Average	Highest	Lowest
January	123	464	23	224	667	50
February)	No readings. Fault in sampling apparatus					
March)						
April)						
May	39	81	10	79	191	4
June	37	72	19	118	171	54
July	31	71	13	101	222	42
August	33	66	15	82	169	43
September	47	169	15	110	240	41
October	68	298	4	148	452	36
November	73	166	25	166	354	68
December	143	311	17	227	414	74
Average (9 months)	66			133		
Average 1968	65			166		

Smoke Control Areas

Total areas in operation covering the whole of the Borough:-

15 areas * 5,294 premises 3,332 acres

* This figure does not include properties which have been erected since the areas were submitted to the Minister for confirmation.

Smokeless Fuel Supplies

Towards the end of the year supplies of smokeless fuel were causing concern and the reactive solid smokeless fuels to augment the reducing quantities of gas coke will now apparently be barely adequate until at least the spring of 1971.

Additionally the increased cost of these fuels will be an increasing burden to certain sections of the community.

Industrial Premises

The level of emissions from industrial chimneys has continued to be low and informal action has been sufficient to procure the rectification of defects giving rise to dark smoke emissions.

Number of smoke observations	49
Number of factory chimneys	22

W A T E R S U P P L Y

Water is supplied by the Wakefield and District Water Board to all houses within the Borough.

No difficulties have arisen during the year under review.

REFUSE COLLECTION AND DISPOSAL

Staff

The staff employed on refuse collection and disposal was as follows:-

Collection

Loaders	11
Drivers	4

Disposal

Tractor driver	1
Paper baler	1

For the greater part of the year a weekly collection period has been maintained.

Sickness and Absenteeism

Details of hours lost through sickness and absenteeism during the past three financial years are given below:-

	1967-68	1968-69	1969-70
Absenteeism	498 $\frac{1}{2}$	382 $\frac{1}{2}$	190
Sickness & Injuries	3,719 $\frac{1}{2}$	2,289 $\frac{3}{4}$	3,116
Totals	4,218	2,672	3,306

Amount paid under Sickness Payment Scheme in 1969/70 : £661. 19s. 7d

S T A T I S T I C S - H O U S I N G

Number of dwelling houses in the district	6,156
Number of back-to-back included in the above	103
Number of single back included in the above	251
Number of houses rendered fit in consequence of informal action	9

Section 16 - Housing Act, 1957

Number of representations made in respect of unfit houses	14
Number of Demolition Orders made	10
Undertakings Accepted	2
Number of houses demolished	12
Number of Closing Orders made	2
Number of person displaced from Closed Houses	2
Number of families involved	2
Number of houses closed	2

Part 3 of Housing Act, 1957

Number of Clearance Areas represented during the year	5
Number of houses included in these areas	47
Number of persons to be displaced	91
Number of Compulsory Purchase Orders made	1
Number of houses in Clearance Areas demolished	78
Number of persons displaced from houses in Clearance Areas	178
Number of families involved	85

S T A T I S T I C S

Closet Accommodation

Number of houses with waste water or trough closets	-
Number of houses with chemical closets	1
Number of houses with earth or pail closets	2
Number of houses served with earth closets etc. due to lack of sewer or water facilities	3

Ashes Accommodation

Number of dustbins supplied	284
-----------------------------	-----

Classified Statement of Inspections

Accumulations	32
Animals and Birds	5
Applicants for Council Houses	16
Bakehouses	12
Boiler Houses	13
Civic Amenities Act	133
Council Houses	45
Dairies and Milk Shops	11
Delivery Vehicles	1
Drainage	425
Dustbins	13
Factories : M.P.	42
N.M.P.	2
Food Poisoning and Infectious Diseases	5
Food Preparing Premises	98
Food Samples	80
Fried Fish Shops	4
General Food Premises	214
Housing Act, Slum Clearance	375
Housing Advances	30
Ice-cream premises	1
Licensed Premises	3
Imported Foodstuffs	69
Meatshops	14
Milk Samples	57
Miscellaneous	376
Mortuary	2
Noise Nuisances	56
Offensive Trade Premises	2
Offices, Shops & Railway Premises Act	102
Pet Shops	1
Piggeries	7

Public Conveniences	12
Refuse Collection	183
Public Health Nuisances	330
Salvage	37
Schools	2
Slaughterhouses	1357
Smoke Control Areas	119
Smoke Observations	49
Standard Grants and Improvement Areas	265
Tents, Vans and Sheds	24
Tips	119
Vermin : Rats and Mice A.P.	3
B.P.	25
C.P.	43
D.H.	85
Sewers	85
Verminous Premises	15
Wasps & Bees' Nests	11
Water courses	7
Water closets	33
Work in Progress	<u>128</u>
Total Visits	<u>5156</u>

I N F E S T A T I O N C O N T R O L

Rodent Control

Sewers

One sewer treatment was carried out during the year using a sodium fluoracetate, the actual work being carried out by contractors.

Surface Control

During 1969 the work of rodent control has been contracted out to Rentokil Laboratories Ltd., details of treatment given are set out below:-

	First Treatment	Repeats
Rats	124	5
Mice	77	-

Industrial and commercial undertakings are required to make their own arrangements for rodent control. It has not been necessary to use statutory action to secure the eradication of any industrial infestations.

Other Vermin

Other infestations treated during the year:-

Bugs	3
Fleas	3
Cockroaches	4
Wasps and Bees' Nests	11
Silverfish	2

Sanitary and other Improvements made and defects remedied

a) Dwelling houses

Floors repaired	1
Dry rot eliminated	3
Sinks renewed or repaired	5
Waste pipes renewed or repaired	2
Rendered free from dampness	18
External walls repaired	5
Windows renewed or repaired	5
Hot water systems renewed or repaired	1
Plaster repaired	6
Rainwater pipes renewed or repaired	3
Eaves gutters renewed or repaired	8
Fireplaces repaired	1
Roofs repaired	7
Water supply improved	1

b) Water closets

Provided with sufficient water supply	8
Water closet cleansed	2
Flushing cistern renewed or repaired	7
New water closet pedestal provided	1
Structure repaired	1
Other repairs	3

c) Drains

Gullies repaired or renewed	6
Drainage improved	8
Drains cleansed	17

d) Other Nuisances abated

Ditches and watercourses cleansed	1
Accumulations removed	4
Sufficient dustbins provided	8

e) Food Premises

Redecoration carried out	2
Flooring improved	1
Prevention of contamination of foodstuffs	1
Plaster repaired	3
Wash-hand basins provided	2

f) Offices, Shops and Railway Premises

First Aid Equipment provided	3
Washing facilities provided	1
Floors, passages and stairs cleared etc.	2

<u>Informal Notices</u>	<u>Issued</u>	<u>Complied with</u>
Food Hygiene (General) Regulations	3	12
Offices, Shops & Railway Premises	4	5
Factories Act	4	9
Public Health Acts	52	70
<u>Statutory Notices Public Health Acts</u>	26	32

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1969 FOR THE
BOROUGH OF OSSETT IN THE COUNTY OF YORKSHIRE

Prescribed Particulars on the Administration
of the Factories Act, 1961

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises	No. on Register	Inspections	No. of written notices	Occupiers Prosecuted
i) Factories in which Sections 1,2,3,4 & 6 are to be enforced by local authorities	18	2	-	-
ii) Factories not included in (i) in which section 7 is enforced by local authorities	132	42	4	-
iii) Other premises in which Section 7 is enforced by local authorities (excluding outworkers' premises)	7	3	-	-

Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				Number of cases in which pro-secutions were insti-tuted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1.)	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-

(1)	(2)	(3)	(4)	(5)	(6)
Sanitary Conveniences (s.7)					
a) Insufficient	-	-	-	-	-
b) Unsuitable or defective	8	40	-	1	-
c) Not separate for sexes	-	-	-	-	-

PART VIII OF THE ACT
Outwork

(Sections 110 and 111)

	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing } Making etc. apparel } Cleaning & } Washing	-	-	-	-	-	-
Household Linen	-	-	-	-	-	-
Lace, lace curtains and nets	-	-	-	-	-	-
Curtains & furniture hangings	-	-	-	-	-	-
Furniture and upholstery	-	-	-	-	-	-
Electro-plate	-	-	-	-	-	-
File making	-	-	-	-	-	-
Brass and brass articles	-	-	-	-	-	-
Fur pulling	-	-	-	-	-	-
Iron & steel cables and chains	-	-	-	-	-	-
Iron & steel anchors & grapnels	-	-	-	-	-	-
Cart gear	-	-	-	-	-	-
Locks, latches and keys	-	-	-	-	-	-
Umbrellas, etc.	-	-	-	-	-	-
Artificial flowers	-	-	-	-	-	-
Nets, other than wire nets	-	-	-	-	-	-

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Tents	---	---	---	---	---	---
Sacks	---	---	---	---	---	---
Racquet and tennis balls	---	---	---	---	---	---
Paper bags	---	---	---	---	---	---
The making of boxes or other receptacles or parts thereof made wholly or part- ially of paper	---	---	---	---	---	---
Brush making	---	---	---	---	---	---
Pea Picking	---	---	---	---	---	---
Feather sorting	---	---	---	---	---	---
Carding etc. of buttons etc.	---	---	---	---	---	---
Stuffed Toys	---	---	---	---	---	---
Basket Making	---	---	---	---	---	---
Chocolates and sweetmeats	---	---	---	---	---	---
Cosaques, Christ- mas stockings etc.	---	---	---	---	---	---
Textile weaving	---	---	---	---	---	---
Lampshades	---	---	---	---	---	---
Totals	---	---	---	---	---	---

OFFICES, SHOPS AND RAILWAY PREMISES

TABLE A. Registration and General Inspections

Class of Premises	No. of premises registered during the year	Total number of premises registered at end of year	No. of registered premises receiving a general inspection during the year
Offices	-	25	8
Retail Shops	4	77	28
Wholesale shops, warehouses	5	16	8
Catering Establishments open to the public, canteens	-	8	1
Fuel storage depots	-	2	1

TABLE B Number of visits of all kinds made by inspectors to registered premises : 102

TABLE C. Analysis of persons employed in registered premises by workplace

Class of Workplace	No. of persons employed
Offices	229
Retail shops	249
Wholesale departments, warehouses	147
Catering establishments open to the public	29
Canteens	-
Fuel storage depots	7
Total	661
Total (males)	313
Total (females)	348

Number of accidents reported during the year - Nil

